

Withdrawal of Participation in the Hospital Quality Alliance

This form must be completed and mailed or faxed to your QIO contact if your hospital wants to withdraw from the "Hospital Quality Alliance". Our hospital is withdrawing from the "Hospital Quality Alliance" at this time. Based on this withdrawal, it is our understanding that our hospital will not be listed as a participant in this initiative on the public website. This withdrawal also gives the QIO and CMS the authority to notify AHA, FHA, and AAMC of our withdrawal from this initiative.

Hospital Name: _____

Medicare Provider Number: _____

City, State, Zip Code: _____

Hospital/health system CEO (or designee):

Name (please print): _____

Title: _____

Date: _____

Signature: _____